

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Michael Schütz *et al.*

Serial No.: 10/519,259

Filed: December 21, 2004

For: METHOD FOR DETECTING AND FOR
REMOVING ENDOTOXIN

Group Art Unit: Unknown

Examiner: Unknown

Atty. Dkt. No.: DEBE:046US

#5

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|----------------------------|-------------------|
| EXPRESS MAIL MAILING LABEL | |
| NUMBER | EV 414867176 US |
| DATE OF DEPOSIT | February 14, 2006 |

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C.
371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

MS PCT

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

In response to the Notification of Missing Requirements under 35 U.S.C. 371 in the United States Designated/Elected Office (DO/EO/US), dated December 14, 2005, there are enclosed herewith:

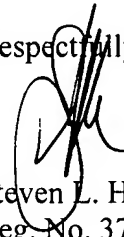
- (a) Declaration executed by Michael Schütz, Roman Meyer, Holger Grallert, and Stefan Miller;
- (b) A Power of Attorney by PROFOS AG; and
- (c) A copy of Notice to File Missing Parts of Nonprovisional Application filed under 37 CFR 1.53(b).

An Assignment to PROFOS AG and a check for \$40.00 are being filed under separate cover.

If the check is inadvertently omitted, or should any additional fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason relating to the enclosed materials, or should an overpayment be included, the Commissioner is authorized to deduct or credit the appropriate fees from or to Fulbright & Jaworski Deposit Account No.: 50-1212/DEBE:046US.

Please date stamp and return the accompanying postcard to evidence receipt of these documents.

Respectfully submitted,



Steven L. Highlander
Reg. No. 37,642
Attorney for Applicants

FULBRIGHT & JAWORSKI L.L.P.
600 Congress Avenue, Suite 2400
Austin, Texas 78701
(512) 474-5201

Date: February 14, 2006

**TRANSMITTAL
FORM**

Application Number: 10/519,259
Filing Date: December 21, 2004
First Named Inventor: Michael Schütz
Art Unit: Unknown
Examiner Name: Unknown

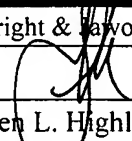
Total Number of Pages in this Submission : _____ Attorney Docket Number: DEBE:046US

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> References B1-B6, C1-C4 <input type="checkbox"/> Certified Copy of Priority Documents <input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts/Requirements <input checked="" type="checkbox"/> Declaration(s) 1 <input checked="" type="checkbox"/> Copy of Notice of Missing Parts/Requirements | <input type="checkbox"/> Drawings(s) _____ <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Statement under 37 CFR §3.73(b) <input type="checkbox"/> Designation of Patent Practitioners <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Check in the amount of \$ <input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: 50-1212/DEBE:046US <input type="checkbox"/> Sequence Statement <input type="checkbox"/> Paper Copy of Sequence Listing <input type="checkbox"/> Computer Readable Form (CRF) <input checked="" type="checkbox"/> Postcard <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
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Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|-----------------|--------|
| Firm Name | Fulbright & Jaworski L.L.P. | Customer Number | 32425 |
| Signature |  | | |
| Printed Name | Steven L. Highlander | Reg. No. | 37,642 |
| Date | February 14, 2006 | | |

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